

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Insurance Agency		
ABC Insurance Agency		FAX (A/C, No): 352-123-0124	
123 Main Street	E-MAIL ADDRESS: agent@ABCInsurance.com		
Tamp, FL 33333	INSURER(S) AFFORDING COVERAGE	NAIC #	
1,000	INSURER A: Insurance Company		
INSURED TLC Vendor	INSURER B: Insurance Company		
	INSURER C: Insurance Company		
1001 Second Street Tampa FL 33333	INSURER D: Insurance Company	3	
Tampa PL 33333	INSURER E:	3	
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A			22222222222222	222222222222222	01/01/2016	01/01/2017	MED EXP (Any one person)	\$	5,000
		×					PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:							\$	
В	AUTOMOBILE LIABILITY		2222222222222				COMBINED SINGLE LIMIT (Ea accident)	\$	1.000,000
	ANY AUTO					BODILY INJURY (Per person)	\$		
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED					PROPERTY DAMAGE (Per accident)	\$		
								\$	
С	X UMBRELLA LIAB X OCCUR	EΧ		******See Below	01/01/2016	01/01/2017	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIM S-MADE						AGGREGATE	\$	1,000,000
	DED RETENTION \$							\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N N/A	22222	22222222222222	01/01/2016	01/01/2017	X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	100,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	A					E.L. DISEASE - POLICY LIMIT	\$	500,000
E									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Putnam County BOCC is named as Additional Insured as respects to General Liability.

\*\*\*\*\*Can use Umbrella.to meet minimum General Liability, Auto Liability, and Employers Liability Requirements.

CERTIFICATE HOLDER	CANCELLATION
Putnam County BOCC 223 Putnam County Blvd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
East Palatka, FL 32131	AUTHORIZED REPRESENTATIVE

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